Division of Health Care, Quality, Financing and Purchasing
Center for Adult Health
Drug Utilization Review Board (DUR) Meeting Minutes
Wednesday December 7, 2005
Cranston, Rhode Island

DUR Board Members Present:	Tara Higgins, RPh, CGP, CDOE Stephen Kogut, PhD, RPh, MBA Ellen Mauro, RN, MPH Ray Maxim, MD Richard Wagner, MD John Zevzavadjian, RPh
Guests:	Paula Avarista, RPh, MBA (RI Medical Assistance) Gail Davis (Electronic Data Systems) Karen Mariano, RPh (Electronic Data Systems) Dawn Rouseau (Electronic Data Systems) Ingelcia Simas (Electronic Data Systems) Frank Spinelli (RI Medicaid) Mike Kostarides PharmD Candidate, (University of Rhode Island) Joe Paradis, PharmD (Health Information Designs)

Minutes from the September 14, 2005 meeting were approved with minor changes.

A recent retrospective DUR evaluation was done to evaluate the use of low doses (< 200mg per day) of the atypical antipsychotic agent Seroquel® along with another atypical antipsychotic agent. A total of 271 recipients were found concurrently taking low dose Seroquel® along with another atypical agent during the time period July 1, 2005 to September 30, 2005. Intervention letters were mailed and the majority of prescribers, who responded, indicated that the patient would continue on the two agents.

A discussion followed regarding the use of Seroquel® in treating non-FDA approved indications such as "PRN" use for treating agitation and aggression and use in treating Post Traumatic Stress Disorder (PTSD). There was also concern that there may be widespread use of the drug among primary care providers without adequate consultation with mental health providers. The recommendation was made to evaluate claims for Seroquel® 25mg given TID or claims for a quantity of ninety 25mg capsules dispensed for a 30-days supply in an effort to evaluate the prevalence of "PRN" use.

Review of recent comments received from prescribers who were sent letters in reference to over-utilization of narcotic agents prompted discussion of efforts to reduce fraud and abuse among some recipients. Some comments were from emergency room prescribers. Tara Higgins indicated that certain emergency room prescribers do have the ability to review claims history for recipients insured with Blue Cross. However, this option is not utilized by prescribers. The Rhode Island Department of Health does collect a summary of controlled drug dispensed from pharmacy claims data. However, the data does not contain enough information to provide for a useful means of monitoring potential fraud and abuse. The possible advantages of electronic prescribing in the future were discussed. The recommendation was made to bring any new ideas regarding monitoring of fraud and abuse to the Board of Pharmacy for consideration.

A summary of retrospective DUR efforts to alert prescribers of patients with diabetes, not receiving lipid lowering therapy, was discussed. Dr. Maxim asked for a detailed list of all prescribers for patients with

diabetes and coronary heart disease not receiving lipid lowering therapy who had recently been sent an educational interventional letter. The recommendation was made to resend educational intervention letters to those prescribers for patients with diabetes not receiving lipid lowering therapy, who had not responded to the first letter, before the end of the year since claims data for recipients over 65 will no longer be available after Medicare Part D in implemented.

Dr. Kogut and Mike Kostarides presented a review of the use of atypical antipsychotic agents in the elderly over the past three years. The use of atypical agents, measured as a percentage of all elderly recipients prescribed an atypical agent, has not increased over the past three years. The average number of prescriptions filled per year for an atypical agent per recipient was eight, suggesting either "PRN" use, noncompliance or a break in eligibility. Paula Avarista asked for a more detailed analysis of use among long-term care recipients. Dr. Wagner discussed the recently published Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) trial which suggested that the atypical agents studied in the trial were no better tolerated by patients than perphenazine. Phase II and III of the CATIE trials are still underway.

A new response form was reviewed which should allow for more specific responses to intervention letters from prescribers.

There was a considerable amount of discussion regarding the transition of dual eligible recipients to Medicare Part D. Frank Spinelli indicated that all Rhode Island Medical Assistance recipients should continue to have their Medicaid drug claims data evaluated by the retrospective DUR system, even if they were only receiving those drugs excluded by Part D which would continue to be covered by Medicaid, such as benzodiazepines, barbiturates and cough and cold products. Other concerns regarding the transition to Part D that were raised include the following:

- Transition to Part D plans and non-formulary drug issues
- Quantity limits for drugs in Part D plans and authorizations for quantities in excess of the limits.
- Lack of coverage of benzodiazepines under Part D. Benzodiazepine use may increase since Rhode Island Medical Assistance will cover these drugs and there will be no co-payment.
- Failure of CMS to auto-enroll all dual eligible recipients in a Part D plan.
- Communication with pharmacists regarding Medicaid coverage of Part D excluded drugs.

The utilization of medications for the treatment of pulmonary hypertension was discussed. Leading experts in the field are recommending dual therapy for treatment in many cases. Utilization of these drugs is low, however, costs are extremely high. Prior authorization of these drugs is required.

The next meeting was scheduled for 8:00am on Wednesday March 1, 2006.